

**Infinity Charter School
Homebound Instruction Application**

Students may be excused from attendance at Infinity Charter School for temporary periods consistent with Board Policy No. 202 and applicable law. Please complete and submit this form if you are requesting a temporary excusal and homebound instruction for your student experiencing a physical disability, illness, injury or other urgent reason. Submission of this form does not guarantee an excusal from attendance or the provision of homebound instruction.

Name of Student: _____ Age: _____

Grade: _____ Date of Birth: _____

My child has an IEP for Special Education Services (circle one): YES or NO

Parent's Name(s): _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Physician's Name: _____ Physician's Phone Number: _____

Physician's Address: _____

Reason for Homebound Instruction Request: _____

I have provided a report from the child's physician or psychiatrist stating the following: (1) diagnosis; (2) description of disability; (3) prognosis; (4) anticipated date of return; and (5) maximum number of hours of instruction that the child's condition will permit (circle one):
YES or NO

I hereby give my permission for Infinity Charter School to contact my child's physician or other medical treatment provider to obtain any further information necessary to evaluate this application, including specific diagnosis(es), plans for treatment, treatment goals, an estimated date of return, and suggestions to facilitate re-entry. Infinity Charter School may contact my child's physician/psychiatrist while he/she is receiving Homebound Instruction in order to monitor the treatment process.

I understand that in considering this Application for Homebound instruction ICS is not bound by any reports that I or my physician(s) may provide.

Parent/Guardian Signature: _____ Date: _____